



THE HEALTHY CULPEPER AFTER SCHOOL ARTS PROGRAM SPRING 2010

- Open to any MS/HS age student residing in Culpeper
- **Classes begin February 23 & 24**
- **Located at the Culpeper Middle School**
- On-Site Coordinator for monitoring/pre-class activities
- Free snacks provided
- Administered by Healthy Culpeper (Non-profit 501c3) & volunteers!
- **\$10 DONATION REQUESTED** (\$5 each if more than 1 student)
- **Support provided by:** Culpeper Public Schools, Culpeper Human Services, Culpeper County Parks & Recreation, Windmore, Mid-Day Lions, Clore-English Funeral Home, Wal-Mart and other private sources
- **Transportation to Culpeper Middle School may be available if enough students have the need!**
- **No bus is available after class.**
- **Exhibition May 1, Saturday 2pm-4pm, at The Depot**

CHECK OUT OUR CLASSES held at Culpeper Middle School!

TITLE	INSTRUCTOR	LOCATION	TIME	SCHEDULE
Cartooning - & Comics - The instructor will take the students through the development of concept to comic.	Matt Mewhorter	Art Room	Class time: 4:00-5:30	<u>Tuesdays</u> February 23
Jewelry Making - Enjoy making stylish necklaces, earrings and bracelets. Learn how to bend wire ornately and make beautiful color combinations with feathers and beads.	Kelsey Walker	Art Room	Snacks will be available for participants from 3:15-4:00 p.m.	March 2,9,16, & 23 April 6,13, & 20 & 27
Dance - Have fun with social swing and ballroom dancing, including some etiquette training!	Sarah Watson	Cafeteria		<u>Exhibition May 1</u>
Express Yourself! - Through this awesome poetry and creative writing class.	Marilou Schunter	Classroom	Class time: 4:00-5:30	<u>Wednesdays</u> February 24
Printmaking with Clay - Investigate the process of printmaking using widespread traditions and unexplored techniques. Learn to print with items such as clay, stones, & string!	Liz Reid	Art Room	Snacks will be available for participants from 3:15-4:00 p.m.	March 3,10,17, & 24 April 7,14, 21, & 28
The Art of Cooking - Cook up a masterpiece in this exciting, hands-on cooking class! \$10.00 fee for food	Georgette Yates	Cafeteria		<u>Exhibition May 1</u>



Denise Walker, Interim Director
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www.healthyculpeper.org



DO NOT RETURN REGISTRATION FORM TO SCHOOL

Questions? Please contact:

Kellie Doyle at 540-829-2065 x313

ASAP REGISTRATION FORM: SPRING 2010

PLEASE FILL OUT COMPLETELY AND SUBMIT BY: February 19 To:
Healthy Culpeper • 763 Madison Road • Suite 208 • Culpeper, VA • 22701

PROGRAM CHOICES (Please choose only one class):

- **1st Choice:** ___ Cartooning ___ Jewelry ___ Dance
 ___ Express Yourself ___ Print Making ___ Art of Cooking
- **2nd Choice:** (Please select 2nd choice- just in case 1st choice is already filled)
 - ___ Cartooning ___ Jewelry ___ Dance
 - ___ Express Yourself ___ Print Making ___ Art of Cooking

IDENTIFICATION INFORMATION				
Participant	Last:	First:	Age:	
	Address:	City:	State	Zip:
	Phone:	School:	Grade:	
	*** <input type="checkbox"/> Check if transportation is needed to CMS. (School may provide bus if there is adequate need)			
Mother/Guardian	Last:	First:	Email:	
	Address:	City:	State:	Zip:
	Home Phone:	Work Phone:	Cell Phone:	
Father/Guardian	Last:	First:	Email:	
	Address:	City:	State:	Zip:
	Home Phone:	Work Phone:	Cell Phone:	
HEALTH INFORMATION				
Allergies/Restrictions				
Meds/Special Concerns				
EMERGENCY CONTACT (Other than Parents)				
Contact Person	Last:	First:	Relationship:	
	Home Phone:	Work Phone:	Cell Phone:	
PICK UP PERMISSION TO RELEASE (Please list all persons your child may be released to)				
#1	Last:	First:	Relationship:	
	Home Phone:	Work Phone:	Cell Phone:	
#2	Last:	First:	Relationship:	
	Home Phone:	Work Phone:	Cell Phone:	

****Assumption of Risk and Release: (All participants and a parent/guardian must sign)**

In agreeing to participate in the program, as a participant or as a parent or a guardian of a participant, I and/or the participant do hereby affirm that the general health of the participant is good, and that the participant is capable of performing an activity of this nature. In consideration of participating in this activity, I and/or the participant do hereby assume all risk of any injury to the participant and will indemnify and hold harmless, from any and all liability, action, cause of action, claims, and demands of every kind or nature whatsoever that I and/or the participant have or which arise from or in connection with my participation in this activity including Healthy Culpeper, the County of Culpeper, Virginia, Culpeper County Public Schools and all their officers, agents, employees, staff, volunteers and successors. It is likewise assumed and agreed that the participant will, at his own expense, wear the proper clothing and protective equipment during the activity, and that it is the responsibility of the participant or parent or guardian to make sure the criteria are met. I grant my permission to Healthy Culpeper or its agents to transport the participant to and from an event or activity when required and hold harmless those assigned to transport. I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to the injured participant, if and when deemed necessary.

Participant Name (Please Print)	Signature	Date
Parent / Guardian Name (Please Print)	Signature	Date

****Photo Waiver: (Parent must sign)** I ___ give, ___ do not give permission for my child to have their photo taken during the After school Arts Program for the purpose of the After School Arts Program's promotional and fundraising needs - in newspapers, posters, post cards, flyers, fund raising letters, and After School Arts registration forms.

Parent/Guardian Name (Please Print)	Signature	Date
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Instrument Agreement (Must be signed by participants in Violin/Guitar classes and parent/guardian)

I accept the musical instrument as a participant in the program and agree, for the course of the program, to maintain the condition of the instrument by:
 Not exposing the instrument to extreme temperatures or moisture, Keeping the instrument in the case when not in use, Keeping any accessories in good working order; I agree to coordinate any repairs on the instrument with the teacher so that an experienced and qualified repairman completes the work. I agree to reimburse Healthy Culpeper for the value of the instrument and any accessories in the event that the instrument or any accessories are damaged, destroyed, or misplaced during the program term.

Participant Name (Please Print)	Signature	Date
Parent / Guardian Name (Please Print)	Signature	Date

Office use only: Date/Time: _____ Initials: _____